

# Use of Restraint & Isolation in Washington's Public Schools

Presenter: Rose Spidell, Education Ombuds

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*We listen. We inform. We help solve problems.*

Washington State Governor's  
Office of the Education Ombuds  
155 NE 100<sup>th</sup> Street, Suite 210  
Seattle, WA 98125  
1-866-297-2597  
[www.governor.wa.gov/oeo](http://www.governor.wa.gov/oeo)

# “Restraint” and “Isolation”

## Definitions:

2013 law requiring notification to parents of students with an IEP or Section 504 plan, RCW 28A.600.485.

Special education regulations, WAC Chapter 392-172A.

US Department of Education Civil Rights Data Collection

# Restraint & Isolation as Aversive Interventions

In 2013, special education regulations, WAC Chapter 392-172A redefined “Aversive Interventions” as:

**“the use of isolation or restraint practices for the purpose of discouraging undesirable behavior on the part of the student.” WAC 392-172A-03120(1).**

Previously defined as: The systematic use of stimuli or other treatment which a student is known to find unpleasant for the purpose of discouraging undesirable behavior on the part of the student.

## Restraint & Isolation: “Uses of Reasonable Force”

**“Aversive interventions” do not include those uses of force, restraint “or other treatment” to control unpredicted spontaneous behavior which poses a clear and present danger of “(a) serious harm to the student or another person; (b) serious harm to property; or (c) seriously disrupting the educational process.” WAC 392-172A-03120(1).**

# Safeguards

Notice to parents – if a student has an IEP or 504 plan;

Review of Incidents;

Requirement for an Aversive Intervention Plan.

# Impacts of Restraint & Isolation

**Possible injury and trauma for child and adult**

**Damage to teacher/student relationship**

**Impact on classroom environment**

# Prevalence of Restraint & Isolation in Washington State Public Schools

From the U.S. DOE Civil Rights Data Collection:

In 2011-2012, districts in Washington reported using:

**mechanical restraints** more than **1,000 times**;  
**physical restraint** more than **5,000 times**; and  
**seclusion** more than **7,000 times**.

Available at:

[http://ocrdata.ed.gov/flex/Reports.aspx?type=district#/action%3DaddSearchParams%26ddlSearchState%3DWA%26btnSearchParams%3DSearch%26cblYears\\_4%3D1](http://ocrdata.ed.gov/flex/Reports.aspx?type=district#/action%3DaddSearchParams%26ddlSearchState%3DWA%26btnSearchParams%3DSearch%26cblYears_4%3D1).

# Prevalence of Restraint & Isolation in Washington State Public Schools

From the U.S. DOE Civil Rights Data Collection:

In 2011-2012, in Washington State,

- **More than 36 schools** reported using **physical restraints 20 or more times**
- **one school** reported using **physical restraints 402 times** during that year.
- **64 schools** that reported using **isolation 20 or more times**
- **one school** reported using **isolation 673 times** that year and had an enrollment of just **27 students**.

Available at:

[http://ocrdata.ed.gov/flex/Reports.aspx?type=district#/action%3DaddSearchParams%26ddlSearchState%3DWA%26btnSearchParams%3DSearch%26cblYears\\_4%3D1](http://ocrdata.ed.gov/flex/Reports.aspx?type=district#/action%3DaddSearchParams%26ddlSearchState%3DWA%26btnSearchParams%3DSearch%26cblYears_4%3D1).



# Professional Associations' Positions on Restraint & Isolation

## **The National Association of State Directors of Special Education (NASDE)**

“believe that the use of seclusion and restraint should only be used in emergency situations when imminent harm of a student or others is at risk.”

<http://www.nasde.org/LinkClick.aspx?fileticket=8CkT-y3BzLs%3D&tabid=58>

## **American Psychiatric Nurses Association (APNA) Position Statement on the Use of Seclusion and Restraint**

supports a sustained commitment to the reduction and ultimate elimination of seclusion and restraint and advocates for continued research to support evidence-based practice for the prevention and management of behavioral emergencies.

<http://www.apna.org/i4a/pages/index.cfm?pageid=3728>

# Professional Associations' Positions on Restraint & Isolation

## **National Association of School Nurses, The Use of Restraints or Seclusion in the School Setting, Position Statement, June 2014,**

The use of restraints or seclusion can potentially cause injury or death and therefore should only be used as a brief intervention where there is the risk of imminent danger to the child, staff, or classmates.

<http://www.nasn.org/Portals/0/positions/2014psrestraints.pdf>

## **Association of Professional Behavior Analysts, The Use of Restraint and Seclusion as Interventions for Dangerous and Destructive Behaviors**

The misuse and abuse of restraint and seclusion procedures with vulnerable people is intolerable, and represents a clear violation of ethical principles and accepted professional practices. Such improper and illegal conduct, however, must be differentiated from the safe and effective use of restraint and seclusion procedures as components of carefully considered, properly implemented comprehensive treatment plans for dangerous and destructive behavior problems.

[http://www.apbahome.net/Restraint\\_Seclusion%20.pdf](http://www.apbahome.net/Restraint_Seclusion%20.pdf)

# Professional Associations' Positions on Restraint & Isolation

## **Association for Behavior Analysis International:**

The Association for Behavior Analysis International (ABAI) and its members strongly oppose the inappropriate and/or unnecessary use of seclusion, restraint, or other intrusive interventions. Although many persons with severe behavior problems can be effectively treated without the use of any restrictive interventions, restraint may be necessary on some rare occasions with meticulous clinical oversight and controls. In addition, a carefully planned and monitored use of timeout from reinforcement can be acceptable under restricted circumstances. Seclusion is sometimes necessary or needed, but behavior analysts would support only the most highly monitored and ethical practices associated with such use, ....

<https://www.abainternational.org/about-us/policies-and-positions/restraint-and-seclusion,-2010.aspx>

## Articles/Research on Restraint & Isolation

**“[S]tudies have shown that states that have restricted physical restraint and seclusion have had reduced injuries, fewer lost days due to injury, lower employee turnover, higher staff satisfaction, and possibly reduced insurance costs.”**

*The Business Case for Preventing and Reducing Restraint and Seclusion Use*, HHS Publication No. (SMA) 11-4632, accessed at <http://www.behavioral.net/article/reducing-use-seclusion-and-restraint>

## Articles/Research on Restraint & Isolation

“A comparison of ... data showed that the adolescent inpatient service's **aggregate use of restraint decreased** from 3,991 episodes to 373 episodes (91 percent), which was associated with a **reduction in the cost of restraint** from \$1,446,740 to \$117,036 (a 92 percent reduction). In addition, **sick time, staff turnover and replacement costs, workers' compensation, injuries to adolescents and staff, and recidivism decreased. Adolescent Global Assessment of Functioning scores at discharge significantly improved.**”

*The Economic Cost of Using Restraint and the Value Added by Restraint Reduction or Elimination*, Lebel J., Goldstein R., Psychiatric Services, Vol. 56, No. 9, 2005. <http://ps.psychiatryonline.org/article.aspx?articleid=90481>

# **Toward Reduction/Elimination of Restraint & Isolation**

## **Six Core Strategies for Reducing Seclusion and Restraint Use**

[http://www.nasmhpd.org/docs/NCTIC/Consolidated\\_Six\\_Core\\_Strategies\\_Document.pdf](http://www.nasmhpd.org/docs/NCTIC/Consolidated_Six_Core_Strategies_Document.pdf)

## **SAMHSA's Roadmap to Seclusion and Restraint Free Mental Health Services**

<http://store.samhsa.gov/shin/content//SMA06-4055/SMA06-4055-A.pdf>

## **National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint**

<http://www.samhsa.gov/nctic>

# Six Core Strategies (in short)

1. **Leadership toward organizational change**— with a vision, values and philosophy that expects reduction of restraint and seclusion
2. **Use of data to inform practice**
3. **Workforce development** - to create an environment and practices with characteristics of trauma informed care
4. **Use of restraint and seclusion prevention tools** - individualized assessments and interventions
5. **Full and formal inclusion of consumers, children, families and advocates**
6. **Debriefing** – thorough analysis of every restraint and seclusion event to understand and mitigate its adverse effects.

# Questions?